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AUTHOR	Hayden, Mary, Ed.
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ABSTRACT

This policy research brief summarizes three studies on training direct service personnel serving people with developmental disabilities, conducted at the Research and Training Center on Residential Services and Community Living, University of Minnesota. The studies provide information on competency-based training, effective training strategies, and current practices in the delivery of training for direct service providers. Specifically, the studies involved: (1) a review of current training practices in a large residential provider agency by means of surveys of 228 staff and administrators; (2) a review of current training practices used by Outreach Training Directors working in University Affiliated Programs in 39 states; and (3) a review of over 100 training materials designed specifically for residential direct service staff members. Tables and text detail the studies' findings. The brief also examines several model training efforts that promote competency-based training. Recommendations are offered for policymakers at the national level, state level, and the provider agency level. These address establishment of systemic competency-based training for direct service providers working in all types of settings serving individuals with developmental disabilities. Contains 20 references. (DB)

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Policy Research Brief

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ED 375 557

Training Issues for Direct Service Personnel Working in Community Residential Programs for Persons with Developmental Disabilities

This Policy Research Brief focuses on training of direct service personnel working in community residential services for persons with developmental disabilities. It summarizes three studies conducted at the Research and Training Center on Residential Services and Community Living, University of Minnesota. The studies provide information on competency-based training, effective training strategies, and current practices in the delivery of training for direct service providers. It also examines several model training efforts that promote competency-based training. Recommendations are forwarded to policymakers regarding establishing systemic competency-based training for direct service providers working in all types of settings serving individuals with developmental disabilities. Authors of this issue are Amy Hewitt and Sheryl A. Larson of the Center on Residential Services and Community Living, Institute on Community Integration, University of Minnesota, Minneapolis.

■ Introduction

Rapid and pervasive changes have occurred over the past decade in the provision of support services to persons with developmental disabilities. Several structural changes have redefined the types of settings in which people with developmental disabilities live. The number of people living in state institutions has steadily declined, decreasing 44% between 1980 and 1993 (Mangan, Blake, Prouty & Lakin, 1994). At the same time, the number of licensed residential settings for persons with developmental disabilities has increased from 11,008 in 1977 to 60,455 in 1993, with most of the new settings serving six or fewer people with developmental disabilities (Mangan et al., 1994). Accompanying these structural changes have been changes in the attitudes and values related to service delivery for persons with developmental disabilities. In recent years, the focus has shifted from simply encouraging community presence for individuals with developmental disabilities to facilitating opportunities for personal growth and development, social relationships, valued community participation, and self-determination (Lakin, Hayden, & Abery, 1994).

Shifts in the structure and focus of the service delivery system present a multitude of personnel challenges for agencies employing direct service staff to provide support services to people with developmental disabilities (Larson, Hewitt & Lakin, 1994; Wallace & Johnson, 1992):

- Direct service employees are a diverse group in terms of age, education, and previous experience (Larson, Hewitt & Lakin, 1994).
- The number of direct service employees is large and growing. In 1989, more than 100,000 full-time equivalent direct service staff members worked in community residential services (Larson, Hewitt & Lakin, 1994).
- Many agencies are experiencing difficulty in recruiting and maintaining highly qualified trained personnel (Braddock & Mitchell, 1992; Larson, Hewitt & Lakin, 1994). While annual turn-over rates average 25% in public institutions (Braddock & Mitchell, 1992), they average between 50% and 70% in community settings (Larson & Lakin, 1992).

Provision of effective training for the ever-changing cadre of direct service providers is also difficult because

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there is a lack of consensus about training standards and requirements, a lack of available training due to the decentralization of the service system, a lack of well-trained and qualified trainers, and a lack of incentives for direct service personnel to enter and remain employed in residential settings (Wallace & Johnson, 1992; Minnesota State Technical College Task Force, 1993).

Despite these difficulties, direct service provider training is critical. Staff training and competence are key elements in achieving quality services. Beyond the direct regulatory mandate to residential agencies to provide training to staff members, training is important because it: (a) enables staff members to develop the knowledge, skills, and attitudes needed to perform their job responsibilities; and (b) promotes positive changes in employees, which in turn may influence the overall social ecology of residential environments and the quality of life of people with developmental disabilities (Jones, Blunden, Coles, Evens & Porterfield, 1981; Knowles & Landesman, 1986; Larson, Hewitt & Lakin, 1994).

While the importance of training is well-recognized, providers face many challenges in delivering high quality training. These challenges include:

- Identifying and locating appropriate training materials (Knowles & Landesman, 1986; Larson & Hewitt, 1993; Minnesota State Technical College Task Force, 1993).
- Locating and providing a sufficient number of high quality core competency training opportunities for direct service personnel (Hewitt, 1992; Minnesota State Technical College Task Force, 1993).
- Securing interagency cooperation and collaboration to deliver affordable training opportunities (Larson, Hewitt, & Lakin, 1994; Minnesota State Technical College Task Force, 1993).
- Developing training programs that incorporate strategies to effectively meet the needs of adult learners (Templeman & Peters, 1992).

Addressing these training challenges requires a critical examination of the current state of the practice in providing training to direct service staff members, an evaluation of currently available training approaches to determine their ability to meet the identified needs, and the identification of additional or different strategies that might be effective in training direct service personnel.

■ Purpose and Method of the Study

This brief summarizes three studies conducted at the Research and Training Center on Residential Services and Community Living (RTC), University of Minnesota, that identify current direct service personnel training practices and issues. It also identifies model training efforts that address training challenges, and provides recommendations to policymakers designed to strengthen current efforts to resolve direct service personnel training issues.

Review of current training practices in a large residential provider agency

Training needs and issues can be examined from a variety of perspectives. One such perspective is through the eyes of current staff members. In January, 1992, researchers from the RTC distributed surveys to 147 direct service staff members, 34 support staff, and 47 supervisors and administrators working in more than 47 different sites for a large residential provider agency in a Midwestern state (Larson & Hewitt, 1994). Participants - who worked in ICF-MR homes, supervised living arrangements, semi-independent living settings, and other types of small community settings - were randomly selected from among all eligible employees in each division of the company. Each participant completed a 13 page survey on topics such as personal characteristics, job characteristics, training experiences, satisfaction with training provided, level of understanding on a variety of training topics, intent to remain in the same position, and organizational commitment. Supplementary data on hourly pay and employment status after 6 and 12 months were also gathered, as was information about respondent understanding of training topics and training strategies preferred and used. This study will be referred to as the *provider practices study*.

Review of current training practices used by University Affiliated Programs

A second perspective on training issues can be gained by looking at the efforts of the Outreach Training Directors (OTDs) working in University Affiliated Programs (UAPs) throughout the United States. University Affiliated Programs were established in 1963 to address human resource needs in providing services to persons with developmental disabilities (Semmel & Elder, 1986). One of the primary responsibilities of UAPs is to provide interdisciplinary training to individuals located off campus (Wallace, Larson & Guillery, 1993). In 1991, researchers from the Institute on Community Integration, University of Minnesota, worked with the American Association of University Affiliated Programs' (AAUAP) Outreach Training Directors Council to conduct a detailed survey of outreach training activities in UAPs (Wallace, Larson & Guillery, 1993). Surveys from 39 states were returned, providing information on the organizational structure, planning and needs assessment activities, training activities, training products, funding strategies, and evaluation strategies used for UAP outreach training efforts. Information on training topics addressed, types of credit offered to training participants, and evaluation strategies

used will be summarized in this report. This study will be referred to as the *UAP OTD study*.

Review of training materials designed for residential direct service staff members

The third perspective through which current training activities may be examined is through an evaluation of the materials designed to be used to train direct service staff members. In 1994, researchers at the RTC published an extensive report evaluating 100 high quality training materials designed specifically for residential direct service staff members (Hewitt, Larson & Lakin, 1994). Materials reviewed in this report were gathered from University Affiliated Programs, State Developmental Disabilities Councils, State Developmental Disabilities agencies, provider agencies, and commercial publishers in 50 states. The materials were comprehensively reviewed and evaluated on a number of criteria. The reviews provided information about the target audience, structure and content, topics and issues covered, instructional formats, instructional modes, length, source, cost, and other descriptive information. In addition, materials were evaluated on several criteria including:

- Comprehensiveness.
- Quality of learner and instructor instructions on how to use the materials.
- Adaptability of curricula for individualized instruction.
- Variety of instructional modes used.
- Use of examples and experiential components.
- Freedom from bias with respect to race, gender, disability.
- Use of competency-based training procedures.
- Adherence to the foundational principles and values of contemporary service delivery including normalization, inclusion, and age-appropriateness.

The strengths and weaknesses of each of the materials was described, and an overall quality rating was provided. This report summarizes the training topics addressed by those materials, instructional formats and instructional modes used to deliver training, and the overall quality of the materials in several broad categories. This study will be referred to as the *training materials study*.

■ Results

Characteristics of direct service staff members

A review of the current state of the practice in training direct service providers must begin with a definition of who we are talking about. There is a great deal of diversity among the people who provide services to individuals with developmental disabilities. However, common characteristics of staff (Larson, Hewitt & Lakin, 1994) include:

- The median age of the staff members ranges from 26.5 to 39 years.
- Between 68% and 83% of the staff members are female.
- Between 73% and 93% of the staff members are Caucasian, while 6% to 22% are African American and 1% to 6% are of another ethnicity.

Several characteristics more directly relevant to planning training strategies include the following:

- The educational level of direct service staff members varies considerably. Overall, between 17% and 48% of the direct service staff members hold college degrees, with between 6% and 50% having had some college coursework. Depending on the study, between 18% and 83% of the staff members have no more than a high school education.
- Average tenure in the current agency varies tremendously from .5 years to 6.5 years.
- Between 38% and 65% of direct service staff members have previous experience working with people with developmental disabilities, and between 46% and 54% of staff members have taken specific coursework on developmental disabilities.

Training must be designed to accommodate people of varying ages who have a wide range of life and work experiences, previous education, and training related to provision of services to persons with developmental disabilities.

Effective training strategies for adult learners

Identifying the characteristics of direct service staff members provides a helpful start in determining how training should be provided. However, several other factors must also be considered. For example, it has been suggested that adult learners respond differently to different training methods (Templeman & Peters, 1992). Adults learn most effectively through instruction that encourages immediate use of new skills in the work setting, offers opportunities to teach the new skills to others, offers opportunities to practice new skills during training, and provides opportunities to discuss the issues and concepts being taught (see Table 1).

All three of the studies reviewed provide information about the state of the practice in the selection of training strategies. The provider practices study takes the most direct look at this issue. In that study, direct service staff

Table 1: Effective Training Strategies for Adult Learners

Training Method	% Retention
Lecture	5
Reading	10
Audio-visual enhancement (overheads, films)	20
Demonstrations (seeing the new skill)	30
Discussions with a group	50
Practice of skill (in training setting)	75
Immediate use of new skill or teaching skill to others	95

Data from Templeman & Peters (1992).

members indicated which training strategies had been used by the provider to train them. They also rated each of these strategies on a Likert scale of 0-2 (with 2 being the most helpful) to identify the extent to which they found each of these training strategies helpful (see Table 2). Consistent with state of the art practices, direct service staff members in this study reported that one-to-one instruction (which often includes practice and immediate feedback) was the most helpful training strategy. Direct observation of the skill to be learned, formal class instruction, and direct skill demonstration were also preferred training strategies. Interestingly, however, these same staff members reported that the most preferred formats were also among the least commonly used. Of particular interest is the report that skill demonstration was used for only 65% of the staff members. In this study, the training practices used by the residential provider agency were not consistent with the desires of staff members, or with the recommended state of the art methods.

Table 2: Training Methods: Effectiveness Rating and Frequency of Use

Method	Trainee Rating of Effectiveness (2-pt Likert scale)	% Trained w/Method
One-to-one instruction	1.61	87
Direct observation	1.59	82
Formal classes	1.42	85
Skill demonstration	1.32	65
Lecture	1.26	89
Film/videotape	1.09	85
Read training modules	1.08	89
Read rules	1.06	96

This pattern of focusing on the less effective training strategies was also evident in the other two studies. In the UAP OTD study, training formats such as lectures and films were used by over 90% of the Outreach Training Directors, while only 50% to 67% of the directors reported using strategies such as field work (e.g., practica or internships), one-to-one instruction, or structured feedback (e.g., verbal, written or video). In the training materials review, over 50% of the materials used lecture or classroom instruction as the primary instructional mode, while only 18% used practicum, on-the-job training, or testing procedures, and only 10% incorporated practice exercises into the suggested training formats.

Other important components of high quality competency-based training

In addition to using effective formats, a number of other practices are critical to the delivery of effective high quality competency-based training. Among those components are:

- Comprehensiveness: High quality training thoroughly covers the information on the specified topic.
- Variety of instructional modes: High quality training uses a variety of instructional strategies and formats to match different learning styles, and to incorporate effective adult learning instructional strategies.
- Competency-based training: High quality training defines the skills to be learned, and also measures whether each learner has mastered those skills.
- Adaptability for individualized instruction: High quality training materials are easily adapted to accommodate learners with varying abilities and experiences, who work different shifts, or who work in scattered sites.
- Examples and experiential components: High quality training provides examples of the content that apply to the work setting, and provides opportunities for the learner to perform the new skill(s) in that work setting.

Again, all three studies reviewed for this brief provide information about how well current training practices match these standards. The training materials review study provides the most direct information about the state of the practice. In that study, 100 training materials designed specifically to train residential direct service staff members (or trainers of those staff members) were evaluated on how closely they met the standards mentioned above (See Table 3). While the majority of materials reviewed were comprehensive (67%) and used a variety of instructional modes (57%), they were not as consistently strong in the other areas. In fact, the materials were almost equally divided between the ratings of strong, acceptable or weak in the categories of competency-based training, adaptability for

individualized instruction, and use of examples and experiential components. Many of the materials reviewed lacked specific training objectives, lacked outcome measures to determine if those objectives had been accomplished, or failed to suggest specific strategies to provide opportunities to practice the skills being targeted.

Table 3: Quality of Training Materials Designed for Residential Direct Service Staff Members

Standard	% Strong	% Acceptable	% Weak
Comprehensive	67	30	3
Variety of instructional modes	54	29	17
Competency-based	36	23	41
Adaptability for individual instruction	34	56	10
Examples and experiential component	30	26	44

Data from Hewitt, Larson, & Lakin (1994)

The other two studies also provide some information about the state of the practice in using state of the art training techniques. The UAP Outreach Training Directors provided information about the types of evaluation strategies they used most often to measure learning (see Table 4). The most common strategies used by those OTDs were strategies that measured short-term attitude changes (i.e., participant opinion surveys and UAP workshop evaluations). Only a few of the OTDs reported regularly using strategies such as observations of trainees, written tests of knowledge acquisition, or competency testing of participants to evaluate whether the training objectives were met. As was already reported in the provider practices survey, direct service staff members said that actual skill demonstration was the least often used training format.

Are our training efforts working? Does training lead to knowledge of core competencies?

In examining the state of the practice of current training efforts, we have identified sound training practices and compared recent study findings to those practices to determine where discrepancies exist. Such a comparison provides a useful start at identifying the strengths and weaknesses of current practices. It does not, however, provide information about the outcomes of current training efforts. An evaluation of training requires a look both at training processes and outcomes. The three studies examined provide initial information about training outcomes.

Table 4: Use of Competency-based Evaluation for UAP Outreach Training Efforts (Frequency in Percent)

Evaluation Strategy	Usually or Always	Sometimes	Never
Participant opinion survey/interview	94.9	5.1	0.0
UAP workshop evaluation form	51.3	35.9	12.8
Observation of trainees/site visit	12.8	59.0	28.2
Written test of knowledge acquisition	10.3	64.1	25.6
Competency testing of participants	7.7	71.8	20.5
Observation of training session by evaluator	7.7	46.2	46.2

Data from Wallace, Larson & Guillery (1993)

Training for direct service staff members is needed on a wide range of topics. Some of those topics are specific to an agency or to the people receiving services from a particular provider agency. Training on those topics is usually provided by the agency during orientation or as inservice training. Other topics, however, are core competencies and are universal training needs for staff working in any type of setting, with any age, and with people with varying levels and types of disabilities. Core competencies for direct service staff members include topics such as confidentiality, basic principles and values in services for persons with developmental disabilities, behavior management issues, information on inclusion and community involvement, and information about basic or core medical and health care issues. Core competencies are topics on which all direct service staff members should receive training, and on which all direct service staff members should feel confident about their knowledge. Table 5 summaries 16 core competencies that fall into 12 different categories of training information.

Before we can evaluate how much people know about particular topics, we must first examine if it is reasonable to expect that training has been provided on those topics. Two of the studies reviewed speak to this question. In the UAP OTD survey, each Outreach Training Director was asked whether his/her UAP had developed training materials on a variety of topics. On the topics reported here, between 28.2% and 64.1% of the OTDs reported that their UAP had developed training materials on the topic (see Table 5). The most commonly addressed topics included intervention, treatment, and programming (64.1% of UAPs); case management and service coordination (64.1%); and introduction to developmental disabilities (61.5%). The least commonly addressed topics included human sexuality (28.2%); personnel management and staff development

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Table 5: Core Training Competencies: Level of Knowledge and Available Training Resources

General Training Topic Core Competency Area	Residential Provider Survey[a]: Direct Service Staff (1=high) N=147	# of Reviewed Materials Addressing Topic[b] N=100	AAUAP OTD Survey % with Materials on Topic[c] N=39
Intervention, treatment, and programming		40	64.1
Documentation	2.08		
Teaching skills	2.55		
Legal issues, self-advocacy, individual rights		21	53.8
Confidentiality and individual rights	2.11		
Vulnerable adults, child protection	2.66		
Human sexuality		2	28.2
Sexuality	2.38		
Health care and medical issues		33	46.2
Core medical and health care issues	2.53		
Personnel management, staff development		6	33.3
Team building and problem solving	2.57		
Family supports		19	56.4
Working with families	2.75		
Introduction to MR/DD services		27	61.5
Basic principles and values	2.54		
History, causes and types of DD	2.93		
Sensory and communication special needs		10	53.8
Alternative and augmentative communication	2.94		
Behavior management		16	56.4
Behavior management principles	3.06		
Case management, service coordination		18	64.1
Interdisciplinary teams and roles	3.22		
Community integration and participation		11	43.6
Inclusion and community involvement	2.86		
Self-determination and empowerment	3.37		
Facilitating friendships, socialization	3.40		

[a] Data from Larson & Hewitt (1994)
[b] Data from Hewitt, Larson, & Lakin (1994)
[c] Data from Wallace, Larson & Guillery (1993)

(33.3%); and community integration and participation (43.6%, although some information on this topic may have been covered in the introduction to developmental disabilities services materials). These findings indicated that information and materials on many of the core competency topics are available through the UAPs in many states.

The training materials review study also provides information about training for core competency topics. In that study, reviewers identified the categories on which each material provided substantive information. This project located between 2 and 40 high quality materials covering each of the topics listed here. The most commonly covered topics were intervention, treatment, and programming (40 materials); health care and medical issues (33 materials); and introduction to developmental disabilities (27 materials). Least commonly covered topics included sexuality (2 materials); personnel management and staff development (6 materials); sensory and communication special needs (10

materials); and community integration and participation (11 materials). It is important to note that this project is ongoing, and the 100 materials reviewed do not represent all of the good quality materials available on any particular topic. They do, however, represent many of the currently available materials. With that caveat in mind, it is clear that, at least among the materials included in the initial stage of this project, the number of training modules available on the core competency topics varies widely. It is also clear that at least some good quality materials exist on all of the core competency topics identified. In light of the availability of materials, along with federal and state legislation governing the provision of residential services that identifies and/or requires that training be provided to direct service staff members on many of the identified topics, it is reasonable to think that most direct service staff members receive training on these topics and therefore should have knowledge about most.

The third study provides a picture of just how well direct service staff members understand the core competency topics identified here. In that study, staff members were asked how much they knew about 208 different concepts or topics. They rated their understanding on a scale of 1 to 5. The key for the scores was as follows:

1 = know the topic well enough to teach it to others
2 = know a lot about the topic
3 = know about the topic
4 = know a little about the topic
5 = don't know about the topic

Average scores for direct service staff members were reported for the concepts and topics falling into each of the 16 core competency areas. As Table 5 shows, the average direct service staff member reported knowing a lot about topics such as documentation, confidentiality and individual rights, and sexuality. However, the average staff member ranged between feeling that they know about the topic to knowing only a little about the topic for competencies such as facilitating friendships, socialization, self-determination and empowerment, and interdisciplinary teams and roles.

In comparing the results of all three studies, several interesting issues are revealed. First, for a number of core competency topics, a large number of materials are available, yet direct service providers indicate that they do not understand the topic (e.g., interdisciplinary teams and roles, behavior management principles, medical and health care issues, history and causes of developmental disabilities). Additionally, despite the fact that many of the core training topics are driven by regulations and training curricula on these topics are widely available, direct service staff members still do not feel that they have a solid understanding of topics such as vulnerable adult laws and health care issues. There is also a lack of training materials available on a variety of topics for which direct service staff report little knowledge (e.g., facilitating friendships, socialization, self-determination and empowerment, team building and problem solving, and alternative and augmentative communication). Lastly, despite the fact that UAP Outreach Training Directors report having a large number of high quality training materials, the lack of understanding evident among direct service staff members suggests that these materials may not be reaching the hands of trainers of direct service providers.

■ Discussion and Recommendations

Staff training and competency demonstration are an important means through which quality services for persons with developmental disabilities can be achieved. Past efforts to ensure direct service competency include federal and state regulations, the funding and development of training materials, and mandatory staff training. It seems evident, however, that these strategies alone do not ensure direct service staff competence. Efforts to provide competency-based training that yields effective training outcomes must be improved. Below is discussion of national, state, and agency recommendations that might be useful in improving comprehensive efforts to train a knowledgeable direct service workforce within the developmental disabilities field.

At a national level

At the national level, policymakers are responsible for providing guidance to state agencies that supervise the provision of services using federal funds, setting policies regarding the focus of federally sponsored research and training efforts (such as those conducted by University Affiliated Programs and Rehabilitation Research and Training Centers), and setting standards for providers receiving federal funds to support persons with developmental disabilities (as in the Medicaid ICF-MR program and the Home and Community Based Services program). In those roles, those policymakers have opportunities to substantially improve the type and quality of training products and services provided to direct service staff members. Recommendations for national policymakers resulting from the findings of these studies include:

- **Support the development of training materials that use the most effective instructional strategies**. The allocation of resources to develop training curricula should encourage systems that include strategies such as experiential components, direct observation, feedback, and skill demonstration. This is a matter of efficient and effective use of public resources. These strategies reflect adult learning principles and, accordingly, direct service

staff report these as their preferred strategies for learning. Such materials also should be comprehensive, use a variety of instructional modes, incorporate competency-based training strategies, and be adaptable for individualized instruction.

- **Fund studies to examine the effectiveness and outcomes of training supported by federal dollars.** Currently, countless millions of dollars are spent on direct service staff training, the vast majority through government payments to service-providing agencies and much, much less in direct funding of training programs. Little is known about the effects of these expenditures. Although substantial effort is put into providing training on core topics, direct service staff members report not understanding some of those topics (e.g., history and causes of developmental disabilities; intervention, treatment, and programming; vulnerable adult laws). Current training efforts must be evaluated to determine if they are effective, and to identify areas for improvement if they are not.
- **Support projects that facilitate dissemination of effective training materials and that train supervisors on how to use effective training strategies when training direct service personnel.** A majority of direct service staff members report that their supervisors are their primary source of training (Larson & Hewitt, 1994). Therefore, government sponsored efforts need to ensure that supervisors understand effective training strategies for adults, know where and how to access high quality direct service training materials, and see it as an essential job function to train direct service staff and provide critical feedback to them regarding their knowledge, skills, and attitudes.
- **Support legislation and funding that ensures all direct service staff receive training on core competency topics and that sufficient training materials are made available on all core competency training topics.** Direct service staff report significant gaps in their understanding of many important, yet basic, training topics. Information about available resources on those topics must be disseminated to trainers. Furthermore, agencies funded to develop materials should focus on generating materials on core topics that are not well covered (e.g., inclusion, socialization, sexuality and facilitating friendships).

At a state level: Model state training efforts

The quality and nature of training efforts can also be significantly impacted by state policymakers. Most of the funding for residential services and most of the regulations covering residential services are generated at the state level. This is also the level at which specific systemic training efforts are most likely to be possible. Recommendations for state policymakers based on these research findings include **develop specific systemic training efforts for all direct service staff supporting people with developmental disabilities.** As a result of deinstitutionalization, legislative mandates, and/or lawsuits, many states have launched comprehensive training systems designed to ensure that all direct service staff working with people with developmental disabilities receive comprehensive core competency training and in some cases have opportunities to progress through a career ladder. These efforts have been funded, in many cases, by state government through the development of curricula and facilitation of train-the-trainer models, reimbursement via per diem rates for providers, federal Administration on Developmental Disabilities (ADD) training grants or a combination. Some of these model efforts are described below:

- **Oklahoma**: The state of Oklahoma has developed a statewide training system for all private and public employees who are or will be employed full-time in programs funded by the Department of Human Services Developmental Disabilities Division in Oklahoma. This training is divided into five levels; training requirements vary depending on the specific job an employee acquires:

  Level 1: Core Foundation Training. Provided to all employees (including secretaries, maintenance personnel, and doctors as well as direct service personnel) prior to beginning work. Foundation level training includes four training modules: *People are People, Changing Times, Systems and Policies,* and *The New Frontiers.*

  Level 2: Job-Specific Training. Provided to employees 30 days after their foundation-level training. It includes information specific to residential, vocational, case management, support, and administrative positions.

  Level 3: Specialized Needs Training. Required only for employees working with individuals who have behavioral or medical special needs. Training includes specific information in those areas.

  Level 4: Individual-Specific Training. Provided on-site and is specifically related to the individuals with whom the employee will be working.

  Level 5: Ongoing Inservice Training. Provided to all employees at least annually. This level includes a variety of refresher courses and introduces new material.
  The State of Oklahoma fully funds this training as a component of the service providers per diem rates. Additionally, the State Department of Human Services Developmental Disabilities Division in Oklahoma employs a training specialist who is responsible for training qualified trainers throughout Oklahoma and for routinely updating the training curricula. (Hewitt, Larson & Lakin, 1994; Oklahoma Department of Human Services, 1993).

- **North Dakota**: The North Dakota Department of Human Services, in coordination with Minot State University, developed a statewide training system in 1983. The training system is based on a "circuit model" in which the worksite has been designated as the most appropriate location for the training. The trainers for this program are jointly chosen by the agency hiring the trainer and the State Developmental Disabilities Director. Trainers are employed by agencies; must have Bachelor's of Arts degrees from accredited institutions of higher education in special education, psychology, social work or nursing; and must have teaching and/or work experience within the field of developmental disabilities. All trainers must go through a train-the-trainer program and must pass a composite test covering developmental disabilities with 90% criteria. The North Dakota competency-based program has seven training levels:

  Level 1: Orientation Training. Forty hours of inservice training before assuming direct responsibility for people with developmental disabilities.

  Level 2: Position Based Competency. Training to acquire job description competencies necessary to fulfill the position's responsibilities.

  Level 3: Certificate of Completion. Awarded to staff members who successfully complete training and practical experience on 16 modules covering an introduction to developmental disabilities, health care, behavior management, and human development.

  Level 4: Advanced Certificate. Available to those who have acquired the Certificate of Completion. Training topics include aging, communication, leisure, behavior management, sexuality, and nutrition.

  Level 5: A.A. Degree in Developmental Disabilities. Available only at the workplace and awarded upon satisfactory completion of 40 quarter hours of developmental disabilities coursework and 59 quarter hours of general education coursework.

  Level 6: B.A. Degree in Mental Retardation. Individuals who complete the A.A. degree may enroll at Minot State University to earn this degree.

  Level 7: M.S. Degree in Special Education. People who complete the B.A. may earn a M.S. in Special Education at Minot State University. (Vassiliou, 1992).

  The modules in this curriculum vary in quality from good to excellent, but the overall system for delivery of statewide training is excellent (Hewitt, Larson & Lakin, 1994). For each training module, an individual must pass, with 85% accuracy, a written test administered by staff trainers and complete all practicum requirements. A pre-test survey is also available that asks comprehensive questions related to all of the training modules. It is possible for employees who have existing competence related to the content of the training modules to test-out without first completing training. Funding for this career ladder approach is provided through a contract with the State of North Dakota and Minot State University for the ongoing development of curricula, provision of training courses, and the maintenance of the training system. Agency providers and direct service staff are responsible for all expenses and registration for attending the training courses offered through Minot University. If the training is offered by an agency provider, the direct service staff must take a composite test to receive college credit. The fee for taking this test is $30.00 per test.

- **Kansas**: Through a federal Administration on Developmental Disabilities training initiative grant, the State of Kansas and the University of Kansas at Parsons have developed a statewide system for training all direct service providers in the state. A 15-module training curricula in seven core competency areas (i.e., Assessment and Planning, Communication, Health, Positive Behavior Change, Teaching Skills, Values and Visions, and Developing Communicative Interactions) has been developed and trainers throughout the state have been certified to teach the curricula to direct service providers (Olson, Rast, Beegle, & Jack, 1993). Reimbursement for attending this training is built into service provider per diem rates. This curricula is competency-based, value-based and includes practicum experiences.

- **New York**: The New York Office on Mental Retardation and Developmental Disabilities (OMRDD) has created a comprehensive system for training direct service providers within the state of New York. This system combines the use of the Direct Care Competency Manual (a comprehensive manual of specific training competency for direct service employees) and competency-based learning guides that contain content related to each of the identified competencies (New York State OMRDD, 1991). The competency manual and its components are updated annually. OMRDD has also published trainee manuals and instructors' guides on a wide range of topics in their direct care instructional materials set (Hewitt, Larson & Lakin, 1994). This information is designed to be used during an employees' orientation. When used in conjunction with the training modules, case studies, demonstration, modeling, one-to-one instruction, and structured feedback are all used as instructional strategies. Competency-based checklists requiring performance and skill demonstration are used to measure employee competence (Hewitt, Larson & Lakin, 1994). The development of training competencies and training materials is funded by the State of New York. Private providers of services may purchase the training materials from the OMRDD at a nominal cost.

In addition to developing systemic training efforts such as those cited above, states can also improve training efforts if they do the following:

- **Develop and support comprehensive training programs for supervisors of direct service staff to train them how to teach adults and how to provide effective supervision and feedback.** Currently at least half of all direct service staff members report that their supervisors are their primary source of training. These on-site supervisors are often direct service staff members who have been promoted to a new position. They may or may not have had any previous training on how to teach their coworkers. We must begin to maximize supervisory efforts through the development of a cadre of highly qualified and well-trained supervisors.
- **Develop a means for ensuring that high quality competency-based, training materials on core competency and other training topics are made available to trainers of direct service staff.** Although a number of high quality training materials have been developed across the United States, these materials have not been widely disseminated to trainers of direct service staff. States should invest their resources in letting providers know how to access materials that are currently available. For those critical topics on which few materials exist, state agencies must support the development of appropriate high quality materials.
- **Avoid re-inventing the wheel when developing training materials.** Many states have spent a great deal of money, research, and time in the development of training materials on topics for which high quality materials already exist. Before launching efforts to develop new training materials on particular topics, states should be certain that appropriate, high quality materials do not already exist.

At a provider agency level

In the end, while federal, state, and local policymakers develop policies and guidelines for the delivery of training to direct service staff members, provider agencies bear primary responsibility for ensuring that each employee is competent to do his/her job. The following recommendations based on this research may be useful for providers who wish to improve their training practices:

- **Develop and implement a competency-based training culture within agencies.** Agencies must recognize that comprehensive competency-based training for direct service employees requires that supervisory staff have knowledge, skills, and attitudes that reflect competency-based training. A system of competency-based training includes a variety of components, beginning with the identification of desired outcomes and ending with assessment and feedback regarding the extent to which the skills used by staff members are effectively producing those outcomes (See Figure 1).

Figure 1: Proposed Model for Establishment of Competency-Based Training

1. Identify desired outcome for consumers being served (agency mission/policy).
2. Identify skills staff need to deliver desired outcome (job description).
3. Measure skills needed to deliver outcome (written pre-test, skill demonstration).
4. Set expectations for learning.
5. Select "best" training curricula and delivery format to develop skills; measure learning (orientation/inservice, written post-test).
6. Transfer knowledge to "positive transfer climate" - expectation and post-training measurement of skills (skill demonstration/observation).
7. Obtain feedback regarding performance of skill (performance reviews; incentive builders - intrinsic/extrinsic).

Supervisors need information and training on how to effectively train staff, and how to access effective training materials. Additionally, agencies must see it as their responsibility to provide all direct service staff with competency based training. This training must include individualized training needs assessment, observation and feedback regarding desired skills and attitudes of direct service employees, and full agency support.

- **Develop and implement individualized competency-based training systems at the agency level.** Agencies should recognize that direct service staff enter their agencies with varied backgrounds, levels of knowledge, skills, and attitudes. Individualized competency-based training systems should afford the opportunity for direct service staff to demonstrate existing skills and knowledge so that training time and money can be spent teaching newly hired staff about topics on which they report or demonstrate little knowledge or skill. While developing these systems, however, providers should be sure to access available high quality training materials before deciding to create their own.
- **Develop and implement comprehensive competency-based training systems across all core competency training topics and across agency and consumer-specific training topics.** It will always be the agency's

responsibility to provide training to all direct service staff. It is critical that agencies evaluate all core competency, agency-specific and consumer-specific training needs and then design a comprehensive agency training system.

- **Develop peer mentoring programs in all service settings.** As the service delivery system continues to become decentralized and more geographically dispersed, it will be more difficult for supervisors to provide all necessary training, observation, and feedback to all of their employees. Agencies will have to develop alternative ways in which staff can get necessary information and support. Peer mentoring programs may provide a realistic alternative. Such programs may also provide appropriate retention and career ladder strategies for long-term direct service staff who desire additional responsibilities.
- **Incorporate teaching strategies that are effective and most preferred by direct service staff into all training provided by or purchased by the agency.** There is a great discrepancy in the strategies direct service staff report are effective in their learning processes and those strategies being used by agency trainer and UAP OTDs. Steps need to be taken to improve the match between desired and effective training strategies and those that are actually used by providers and other training agencies.

■ Conclusions

Although much effort has been put into funding and developing training materials and systemic training programs, it is clear that much still needs to be done to address the effectiveness of these efforts and the outcomes these training efforts have for consumers of services to persons with developmental disabilities. This summary has identified several areas in which the state of the practice in providing training to direct service personnel does not match the state of the art. Successful facilitation of opportunities for personal growth and development, social relationships, valued community participation, and personal self-determination for persons with developmental disabilities living in community settings requires a qualified, well-trained staff. Agencies and policymakers committed to those outcomes must take appropriate action now to ensure that high quality, effective training is available to all residential direct service staff personnel.

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